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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 8740

SERIAL NUMBER 09/650,425	FILING DATE 08/29/2000 RULE	CLASS 340	GROUP ART UNIT 2632	ATTORNEY DOCKET NO. 58072	
APPLICANTS Kenneth E. Flick, Douglasville, GA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/17/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY GA	SHEETS DRAWING 5	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
ADDRESS 27975					
TITLE Vehicle security system shock sensing siren and associated methods					
FILING FEE RECEIVED 474	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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2003-0571

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APPLICANTS

Kenneth E. Flick, Douglasville, GA:

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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/17/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 5	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

27975
ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST P.A.
1401 CITRUS CENTER 255 SOUTH ORANGE AVENUE
P.O. BOX 3791
ORLANDO , FL
32802-3791

TITLE

Vehicle security system shock sensing siren and associated methods

FILING FEE FEES: Authority has been given in Paper		<input type="checkbox"/> All Fees	
RECEIVED No. _____ to charge/credit DEPOSIT ACCOUNT		<input type="checkbox"/> 1.16 Fees (Filing)	
474 No. _____ following:		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	
Credit <input type="checkbox"/>		<input type="checkbox"/> 1.18 Fees (Issue)	
0118 Fees (Issue) <input type="checkbox"/>		<input type="checkbox"/> Other	

RECEIVED	No. _____ for following:	<input type="checkbox"/> 1.18 Fees (Issue)
954	<input type="checkbox"/>	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

Best Available Copy

	<input type="checkbox"/>
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